U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved
Office of Management
and Budget
No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only	
/ /6/2 50-1	CAREFULLY BEFORE PREPARING THIS REPORT.
E (NG222005)	
Q _{AB} B _O S	
1. File Number U- 15043	2. Fiscal Year Covered From:
	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	Name, file number, and address of labor organization.
Name James T Johnson	Name United Association International Training Fund
	Labor Organization File Number 200///
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 608 Butler Drive	Street 901 Massachusetts Avenue, N.W.
City Brunswick	City Washington
State Georgia ZIP Code + 4 31525	State District of Columbia ZIP Code + 4 20001
5. Position in labor organization.	
	r your spouse or minor child directly or indirectly had any of the following interests in the exclusions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans monetary value from an employer whose employees your o) with, or derived income or other economic benefit of rganization represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street	· · · · · · · · · · · · · · · · · ·
City	
State ZIP Code + 4	··
	Signature
	penalty of Perjury and other applicable penalties of the law, that all of the information accompanying documents), has been examined by the signatory and is, to the best of the
Signed Jams 1. Johns	On 8/10/2004 912-262-9726
	Date Telephone Number
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Name of Person Filing James Johnson	File Number U-
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or included ing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or firectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name U. A. International Training Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 901 Massachusetts Avenue, N.W. City Washington State District of Columbia ZIP Code + 4 20001 10. If 9.b. or 9.c. is checked give trust or employer's name. Name	9. Business deals with: X a. Labor Organization b. Trust c. Employer 11.a. Nature of such dealing. Instructor on OSHA Training
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$4,810 12.a. Nature of interest held or income received. Per Diem
	40.5 0.70
	12.b. Amount. \$4,810
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	or parts A and B above) or other thing of value. 14.a. Nature of payment.
(including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City ZIP Code + 4	
	14.b. Amount of payment.

or Consultant

13.b. is the Business an Employer